



New Hampshire
Department of Health and Human Services

ACCES: Achieving Community Centered Excellence in Services / Front Door

**Current State Assessment Summary** 

October 28, 2008

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# **Executive Summary**

# **Executive Summary**

#### Background

- > During the course of the AFD Project Initiation Phase, recognized that the DHHS Front Door Process consisted of seven process areas, and associated tasks and activities.
- > These process areas are in need of improvement.
- Approached the Current State Assessment through four tracks of work: Project Management, Process Analysis, Metrics and Communications.

#### Documented the Current State

- ➤ Through the Core Team and a series of regional meetings throughout the state, identified approximately 1300 findings, opportunities and pain points (FOPP'S) related to the current state of the DHHS Front Door.
- During documentation of FOPP's, worked to include as many staff and stakeholders as possible.
- Project team members analyzed FOPP's and summarized the FOPP's according to 8 themes.

## **Executive Summary (continued)**

#### ■ Summary of Current State

- ▶ Internal Process Numerous burdensome, redundant and unnecessary processes involved in applying for and receiving DHHS services result in a front door process that is inefficient, slow, confusing, and error-prone; customer service and employee satisfaction are negatively impacted. Process improvements and an increased reliance on automation and technology are needed to address these issues.
- Customer Services DHHS staff work very hard to ensure that clients receive good customer service, but are limited in their ability to provide quality services by paper intensive and redundant processes. Eliminating non-value added processes, and an increased reliance on automation and technology, would support staff in better meeting clients' needs.
- Resources Insufficient resources, particularly staff, phones and office equipment, create a significant barrier for existing staff. Consequently, staff experience high levels of stress resulting in increased turnover and leave time. Ensuring that DOs are adequately resourced will increase staff productivity and satisfaction.
- ➤ **Training** DFA has an excellent centralized training program. However, a lack of standardization for training within the DO's can result in errors in eligibility determinations. Complicated programs, policies and procedures necessitate ongoing training for staff in order to ensure accuracy in eligibility determinations and quality customer service.

## **Executive Summary (continued)**

#### Summary of Current State

- Facilities There is significant variation in the physical environments of the DO's, with multiple issues such lack of privacy in the lobbies, insufficient parking, and inadequate accommodations for children. The development of standards for DO environments would ensure that each DO environment is conducive to serving clients, and safe and secure for staff.
- Technology There are problems with the DFA information management system and the peripheral equipment in the DO's, which is out-of-date, insufficient and old. Reliance on improved technology and automation would have an extremely high impact on DHHS's ability to achieve every identified ACCES FD project objective.
- Organizational Structure DHHS organizational structure does not support an efficient working relationship between clerical staff and program staff in the DO's. Revisions in clerical reporting and functions would lead to a more efficient DO work environment.
- ➤ Other Clients and staff face a variety of issues impacting the ease, efficiency, accuracy, and speed of the application and eligibility processes. Numerous ideas, including those generated through the DHHS Fresh Ideas effort, have been suggested for dealing with "other" issues.

# Project Objectives, Approach and Guiding Principles

# ACCES Front Door - Objectives

#### □ Project Objectives

- Identify ways to streamline application and ease application process.
- Identify and reduce delays, redundancies, confusion and non-value activities in the application process.
- Utilize best practices and standard protocols.
- Document a re-usable process that may be used to improve other DHHS business processes.

#### Outcome Objectives

- Make access to application for assistance easier.
- Increase accuracy of eligibility determinations.
- Increase client satisfaction.
- Increase DHHS employee satisfaction.
- Increase process standardization and efficiency.
- Reduce time period between application for assistance and receipt of benefits.

# ACCES Front Door - High Level Approach

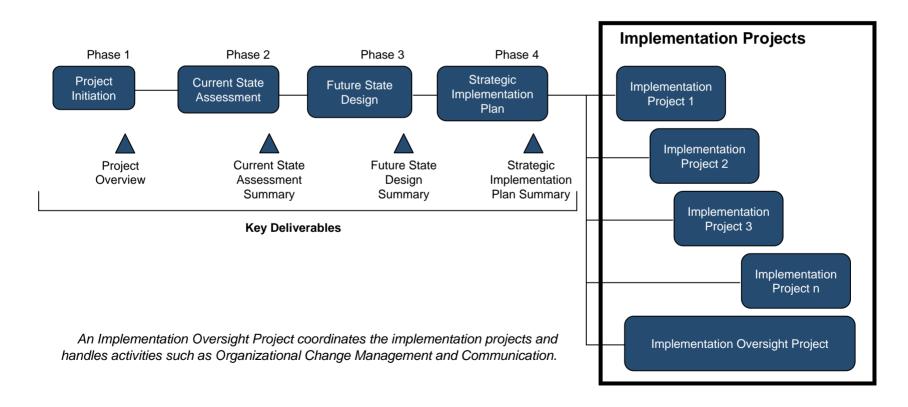
The project consists of 4 phases plus several potential implementation projects.

The **Project Initiation Phase** is the planning portion of the project and defines the "project charter."

The **Current State Assessment Phase** looks at the processes of the current Front Door process and its current performance metrics. Findings, issues and opportunities will be documented for review and analysis.

The **Future State Design Phase** sets target metrics to be achieved and designs a "future" Front Door process to meet those target metrics.

The **Strategic Implementation Plan Phase** defines several recommended **Implementation Projects** and a project map or roadmap outlining the sequencing and timing of the transition to the "future" Front Door process.



# ACCES Front Door – Guiding Principles

- ☐ Utilize Metrics Driven Approach
- Apply Lean Thinking Concepts and Techniques to Identify "Value" in Work Processes and Eliminate "Waste"
- Drive Results not Just Recommendations
- ☐ Identify "Quick Hits" as well as Longer Term Solutions
- ☐ Include Process Improvements and Automation
- Implement and Foster Continuous Improvement
- Build Community Partnerships for Sustainability

# Current State Assessment Phase

# Current State Assessment Mid Level Plan

Wk Begin	Aug 4	Aug 11	Aug 18	Aug 25	Sep 1	Sep 8	Sep 15	Sep 22	Sep 29	Oct 6	Oct 13	Oct 20	Oct 27
Week #	1	2	3	4	5	6	7	8	9	10	11	12	13
LNI		Manage Project											
PROJECT MANAGEMENT		Communicate Across AFD Project Teams											
PF MAN,													
SS	Draft Current Process						Validate Current Process with KT and SMEs						
PROCESS ANALYSIS		Document Findings, Pain Points and Opportunities, and Identify Quick Hits											
													re and
S		view Existing a and Reports  Define AFD Metrics					Determine Current Value of Metrics				Approve Phase Deliverables		
METRICS									Set Fu	iture State Ta	irgets		
							Validate Metrics						
COMMUNI- CATION	Create	Create Communication Plan					Implement Communications Plan						
CA													

# **Project Management Track**

#### Governance

- Leadership Team worked with Steering Committee, Core Team, and Knowledge Team during CSA.
- Leadership Team worked with Core Team to create deliverables.
- Through regular meetings, Leadership Team informed Steering Committee of important steps in CSA and received approval for taking steps when appropriate.
- ➤ Leadership Team informed Knowledge Team of important steps in CSA and sought advice regarding those steps.

#### □ Timeline

- Project kicked-off on July 25, 2008, beginning second phase of four-phase project.
- CSA planned for 10 weeks; completed in 13 weeks.
- Additional weeks needed for added input and validation sessions, and documentation of more than anticipated input on FOPP's.

#### ■ Management Tools

- > Leadership Team employed Project Management discipline
- Project teams and SME's relied on E-Studio for collaboration and document repository

#### Commitment to Inclusion

Leadership Team reached out to SME's, staff, clients, community partners

#### **Process Track**

- □ Draft Current Process
  - Documented the current Process Hierarchy.
    - Identified 7 high level Process Areas
    - Developed hierarchy of Processes / Activities / Tasks under each Process Area
  - Diagramed the flow of paper documents from end to end with narratives and staff functions being performed at each step.
  - Reviewed the DFA Work Process Analysis completed in June 2006.
- Document Findings, Pain Points and Opportunities (FOPPS)
  - The ACCES project Core Team identified and documented FOPPS.
  - 7 regional working sessions were conducted to collect pain points and opportunities from the District Office workforce, supervisors, providers, ServiceLinks, and community partners.
  - Organized and categorized all pain points and opportunities into 8 main themes.
  - Posted all findings, pain points and opportunities on the Knowledge Center.

## Process Track (continued)

#### ■ Validated Current Process

- Created a comprehensive summary of all FOPPS by themes for communication back to all participants.
- Conducted 7 regional sessions to validate the current state assessment. Achieved consensus that the FOPPS summary content and the assessment is accurate.

#### □ Future State Research

- Toured Florida's public service centers to observe Florida's ACCESS Front Door operation. Documented a summary of their system.
- Reviewed the "Imaging Workflow" future state project plan dated August 2008.

#### **Metrics Track**

- □ Review Existing Data and Reports
  - During first 6 weeks of CSA, reviewed existing data and reports in New Heights.
- Define AFD Metrics
  - Developed template for use in identifying service and operational level metrics.
  - Defined set of draft metrics to drive achievement of project objectives.
  - Process of defining appropriate metrics is continuing.
- Current Value of Metrics
  - > Current value of metrics will be established after metrics are fully defined.
- ☐ Future State Targets
  - > Future state targets will be established after metrics are fully defined.

#### Communications Track

- ☐ The Communications Track created a Communications Plan that included the following:
  - 4 AFD articles on various topics 1) "ACCES Front Door Project Overview" 2)
     "Facilitated Feedback Sessions" 3) "Pain Points" 4) "Opportunity Nashua Unit System"
  - AFD articles placed in other newsletters and other websites
  - AFD web presence on DHHS website with article and links to AFD information.
  - > E-Studio used as document repository and collaboration tool for AFD project teams
  - 9 validation input and 9 feedback sessions
  - AFD specific icon in Lotus Notes Knowledge Center
  - AFD newsletter for web posting and e-mail list serve
- Developed Communication Schedule
  - ➤ The Communications Schedule is applicable to all 4 phases of AFD; it will evolve and be implemented throughout the project.

# Validation Input Sessions Summary

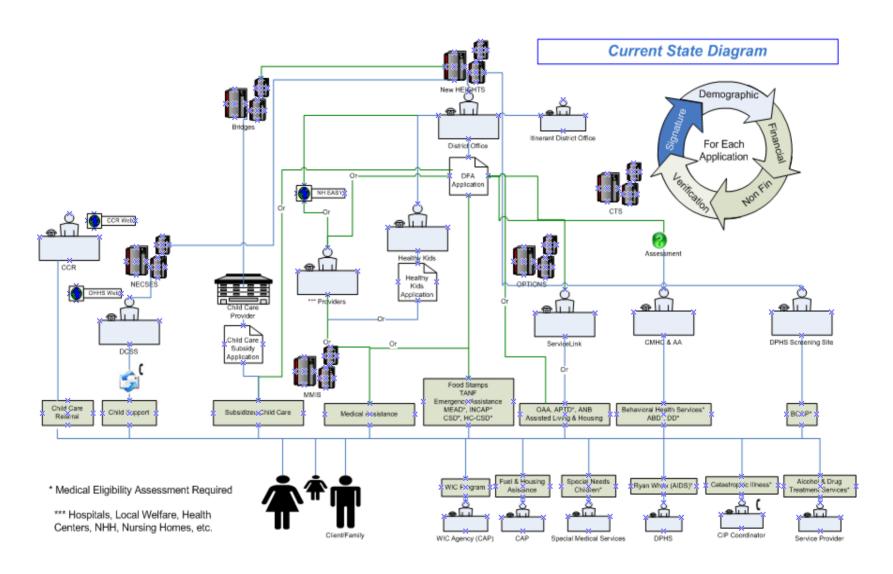
	Input Audience	Number of Participants	Pain Points	Opportunities
1	Core Team	11	142	104
2	District Office Managers	10	88	44
3	Manchester, Nashua, K-Team, SME's	22	105	104
4	Concord, Laconia, Healthy Kids, K-Team, SME's	18	97	91
5	Littleton, Conway, Berlin	9	65	53
6	Portsmouth, Rochester, Salem	10	55	47
7	Keene, Claremont	6	30	33
8	DFA Supervisors	30	104	85
	TOTALS	116	686	561

# Validation Input and Feedback Sessions Invited Participants

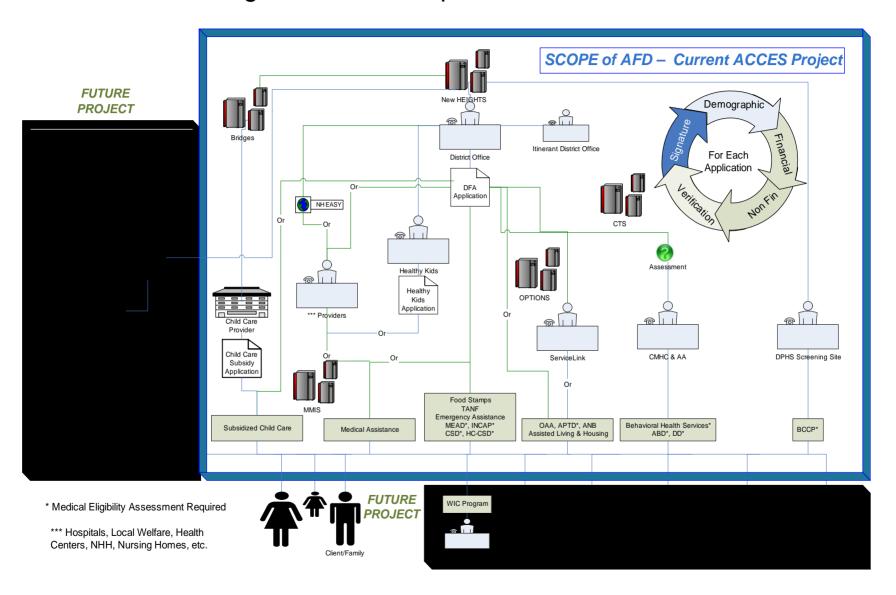
Local Welfare Representatives	Nashua Soup Kitchen & Shelter
ServiceLink Management	Lutheran Social Services
Disability Rights Representatives	Manchester Area Community Relations
District Office Workforce Members	Berlin Area Community Relations
District Office Program Supervisors	Nutrition and Health Operations
District Office Managers of Operations	Deloitte Information Systems
Community Action Programs	Local Government Center
Nursing Homes Representatives	Office of Alcohol and Drug Policy
Health First Family Care Center	New Hampshire Legal Assistance
New Hampshire Hospital	
DHHS Healthy Kids	DHHS BEAS Program Specialist
DHHS BCCP Admin	DHHS Behavior Health Admin
DHHS Child Support Services Admin	DHHS BOA Supervisor
DHHS Child Care Services Admin	DHHS Medical & Client Services Supv
DHHS Human Resources Admin	DHHS OMBP Medicaid Admin

# **Current State**

# **Current State Diagram**



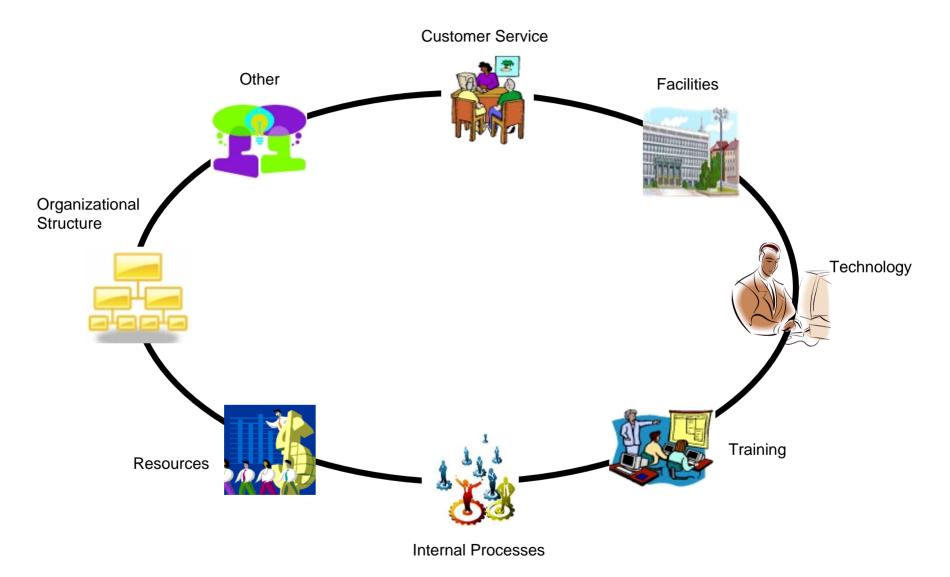
# Current State Diagram - AFD Scope



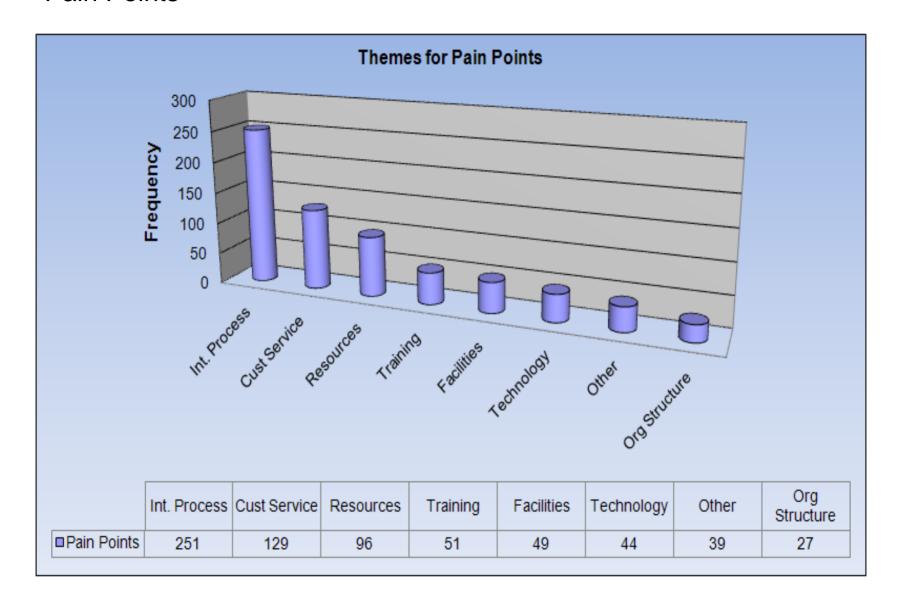
#### **Current State**

- ☐ Individuals and families enter a "Front Door" (primarily comprised of DHHS district offices) to access programs and services. When seeking services, individuals and families are exposed front door processes.
- ☐ Key observations about these processes include:
  - The majority of the traffic in the DO's is DFA related.
  - There is no triage or customer management process at the DO's.
  - Access points are limited and don't meet today's consumer expectations.
  - Providers have the ability to use NH EASY but the client must still sign a paper application that must be faxed to the DO.
  - ➤ Hours of operation (including walk-in hours) at the DO's are 8:30 am to 4:30 PM.
  - ➤ All processes are extremely paper-intensive with over 255 forms and pamphlets for the 34 programs administered by DFA.
  - ➤ The average FSS caseload has increased from 408 in 2005 to 488 in 2008.
  - Support staff are not trained in basic DFA policies and procedures.

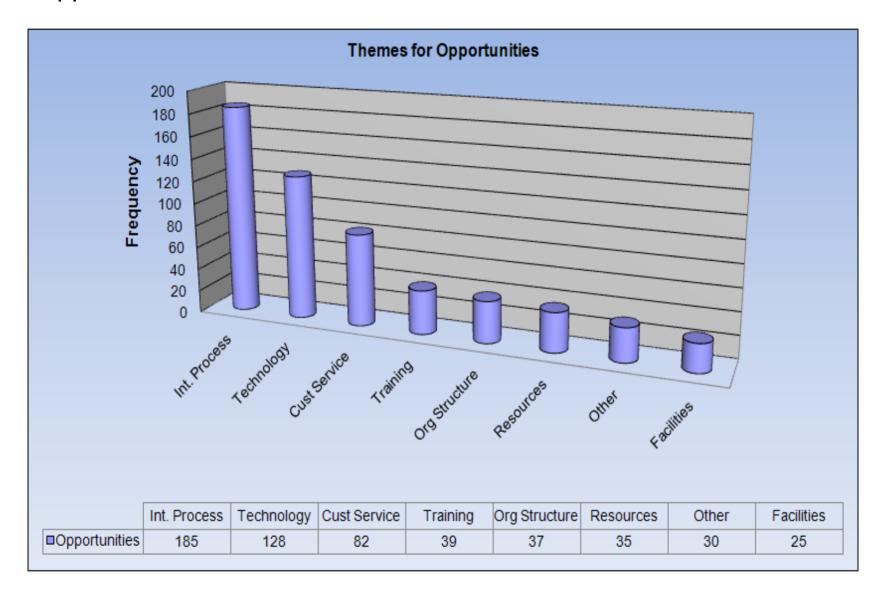
# **Themes**

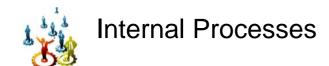


#### **Pain Points**



# **Opportunities**





#### **Definition**

"Internal processes" refers to any internal practices, policies or procedures related to the Front Door process.

#### **Summary**

Numerous burdensome. redundant and unnecessary processes involved in applying for and receiving DHHS services result in a front door process that is inefficient, slow, confusing, and error-prone; customer service and employee satisfaction are negatively impacted. Process improvements and an increased reliance on automation and technology are needed to address these issues.

#### **Key Pain Points**

- ☐ The current "traffic management" process is not adequate to handle the volume of clients or allow FSS workers to have control of their schedules.
- ☐ The walk-in hours are too broad to cover.
- ☐ The walk in hours and walk-in rotation processes are not efficient.
- ☐ The paper intensive filing system at the DO's leads to overflowing files and lost documents.
- The application process and forms are too confusing; language is not clear.
- ☐ Clients are unable to make appointments.
- ☐ The In & Out spend down process is confusing.
- Unnecessary intakes (due to a lack of adequate screening) result in interviewing clients who are clearly not eligible.
- □ NHEP orientation should be done by NHEP not by DO staff.

- ☐ Establish an appointment system so that clients can schedule their appointments.
- Establish a screening process that would reduce the number of inappropriate applications.
- □ Simplify the application process.
- Limit walk-in hours over lunch hour and/or at the end of the day (or at the end of 1 day).
- □ Have a set day for redeterminations.
- ☐ Establish the ability to create EBT cards while the client waits.
- ☐ Create a change unit, a rede unit, and an intake unit.
- ☐ Change the 30-day letter to 10 days.
- Provide more education and client responsibility and awareness.
- ☐ Standardize processes across all District Offices.



### **Customer Service**

#### **Definition**

"Customer service" is the commitment to providing quality services to clients in a manner that meets their needs.

#### **Summary**

DHHS staff work very hard to ensure that clients receive good customer service, but are limited in their ability to provide quality services by paper intensive and redundant processes. Eliminating non-value added processes, and an increased reliance on automation and technology, would support staff in better meeting clients' needs.

#### **Key Pain Points**

- The application process is too paper intensive.
   Clients must apply for benefits in person.
   All applicants must sign their applications.
- ☐ The application process takes a lot of time.
- ☐ Call back times are too long.
- ☐ The forms associated with the application are hard to understand.
- ☐ Clients experience language barriers.
- Office hours are not good for working clients.
- ☐ There are long waiting lines at the DO's.
- DO Receptionists are not able to answer basic program questions.

- ☐ Enable people to apply for benefits from remote locations, such as their homes, local welfare offices, town libraries, providers' offices, etc., through a web-based application system.
- An appointment system would alleviate traffic, unnecessary trips to DO's and waiting.
- A Call Center would improve client service by allowing clients to check on their case status and make changes to their case information more quickly and easily.
- A scanning system would make the verification process easier for clients by reducing lost documentation and eliminating the requirement for clients to repeatedly submit the same documents.
- Develop a queue system that provides clients a number, ensures client privacy when calling out next person served and establishes lobby wait system.



#### Resources

#### **Definition**

"Resources" pertains to human resources, time, and/or funding necessary to serve clients seeking services, or for staff to fulfill job requirements.

#### **Summary**

Insufficient resources, particularly staff, phones and office equipment, create a significant barrier for existing staff. Consequently, staff experience high levels of stress resulting in increased turnover and leave time. Ensuring that DO's are adequately resourced will increase staff productivity and satisfaction.

#### **Key Pain Points**

- ☐ There are not enough staff to perform all necessary duties.
- ☐ The phone system is outdated and problematic; there is no caller ID.
- ☐ There is not enough space at the DO's.
- ☐ There is an ongoing problem with New Heights printing.
- Office equipment that is broken is not fixed.
- There is not enough office equipment, particularly copiers, to meet the demands to the work quickly and efficiently.

- Move toward a "paperless" system through the use of scanners and scanning technicians.
- Develop a Call Center to address client status inquiries and accept changes to cases.
- Maximize staff time by utilizing "Unit" systems, "Rede" days or other approaches that allows for specialization and does not require that everyone be able do everything.
- Resolve existing resource problems such as broken equipment, which create ongoing hardships.



#### **Definition**

"Training" is the process of helping people reach a standard of proficiency through practice, instruction, etc.

#### **Summary**

DFA has an excellent centralized training program. However, a lack of standardization for training within the DO's can result in errors in eligibility determinations. Complicated programs, policies and procedures necessitate ongoing training for staff in order to ensure accuracy in eligibility determinations and quality customer service.

#### **Key Pain Points**

Support staff are not trained to answer front window questions or screen applications. Generalized training for new FSS's is overwhelming; move toward specialization. Interpretation of policy varies from DO to DO. As a result, FSS's are not consistently trained and there is no standardized management of cases. There is insufficient training on other DHHS or community programs or resources. There needs to be more New Heights training of Front End staff. There needs to be additional training on screening cases prior to application. In and Out Medicaid is too confusing and requires additional training. Staff in DO's are not trained to do voice dictation for people with hearing

#### **Key Opportunities**

impairments.

- ☐ Train DOMO's and / or Front End staff in DFA programs so that they can respond to client questions.
- ☐ Provide regular, joint training times for support staff and DFA staff to review policy.
- ☐ Provide better training to Servicelink staff on DHHS front end process.
- □ Provide better training at the DO level on the Breast and Cervical Cancer Program to reduce incorrect case handling.



#### **Facilities**

#### **Definition**

"Facilities" refers to physical buildings, parking lots, lights, heat, air conditioning, equipment, office layout, office design, etc.

#### **Summary**

There is significant variation in the physical environments of the DO's, with multiple issues such lack of privacy in the lobbies, insufficient parking, and inadequate accommodations for children. The development of standards for DO environments would ensure that each DO environment is conducive to serving clients, and safe and secure for staff.

#### **Key Pain Points**

- ☐ There is a lack of privacy and confidentiality in the lobbies.
- ☐ The noise level in the lobbies is too high.
- ☐ There are not enough interview rooms in the DO's.
- ☐ There is insufficient parking at the DO's.
- ☐ There are issues regarding site security and safety of staff.
- Waiting rooms are too small.
- ☐ There are too few signs outside the DO's.

- Reconfigure DO lobbies to ensure client confidentiality.
- ☐ Re-design DO lobbies for noise reduction.
- ☐ Establish separate mail boxes for separate functions like Rede only.
- Provide increased security at the DO's.



# **Technology**

#### **Definition**

"Technology" relates to information management systems and electronic equipment including computers, telephones, printers, copiers, and faxes.

#### **Summary**

There are problems with the DFA information management system and the peripheral equipment in the DO's, which is out-of-date, insufficient and old. Reliance on improved technology and automation would have an extremely high impact on DHHS's ability to achieve every identified ACCES FD project objective.

#### **Key Pain Points**

- □ Phone systems are archaic, inadequate, and lack several helpful features.
- There is no technology available to assist in keeping the abundance of documents, records organized and accessible.
- ☐ There are broken and/or insufficient numbers of copiers, printers and fax machines.
- ☐ Printing out of New Heights is extremely slow (especially when using adobe documents).
- ☐ Information cannot be cross-matched with the Childcare system.
- ☐ There is no appointment scheduling tool available.

- ☐ Implement document scanning and document management systems.
- Create a centralized call center.
- Implement an online application system for clients and for providers assisting clients in applying for services.
- ☐ Install self-serve kiosks in the lobby for client use.
- ☐ Expand NHEASY's capabilities, and encourage its use by providers.
- ☐ Invest in better telephone systems with more lines.
- ☐ Enhance New Heights to interface with NECSES.
- ☐ Utilize an automated system for scheduling appointments.



#### **Definition**

"Other" means any pain points or opportunities that do not fit well into any of the other themes.

#### **Summary**

Clients and staff face a variety of issues impacting the ease, efficiency, accuracy, and speed of the application and eligibility processes. Numerous ideas, including those generated through the DHHS Fresh Ideas effort, have been suggested for dealing with "other" issues.

#### **Key Pain Points**

- Clients feel stigmatized for seeking and receiving governmental services.
- Clients often lose or forget paperwork.
- ☐ Clients are often late or delayed in turning in required information or verifications.
- ☐ Applications are often incomplete.
- Benefit amounts are insufficient.
- Cost of gas creates a barrier to traveling to the DO for an appointment.

- Develop a video of frequent messages such as "Rights & Responsibilities", NHEP or Child Support which are all needed messages and would save on FSS time.
- Language on forms, applications and Notice of Decisions should be in simpler, easier to understand language.
- ☐ Streamline or shorten applications.
- ☐ Eliminate applications that collect redundant information.
- □ DFA nursing home staff, and other specialists, should be centrally located.



## Organizational Structure

#### **Definition**

"Organizational structure" refers to staff job descriptions and functions, and to management reporting structure.

#### **Summary**

DHHS organizational structure does not support an efficient working relationship between clerical staff and program staff in the DO's. Revisions in clerical reporting and functions would lead to a more efficient DO work environment.

#### **Key Pain Points**

- Staff's ability to work as a team within the DO is compromised because clerical staff do not report to program areas.
- ☐ Job descriptions of clerical staff limit their ability to help clients and screen applications.
- Difficulties arise as a result of DFA and NHEP being physically separate. There is confusion around duties and language.
- ☐ Completion of Child support forms by FSS's, and explanations of the Child Support Program by FSS's are problematic.
- The HCBC application process needs to be refined. FSS's see denials on HCBC applications even before becoming aware that the applications are pending.

- Revise DHHS organizational structure so that support staff report to program areas.
- Revise clerical functions to include screening applications.
- Revise NHEP / DFA workload or improve communications concerning duties that must interface between the two.
- Develop video of frequent messaging about Child Support and/or NHEP for use with clients. This would reduce the burden on FSS's who have to repeat these messages.

# **Quick Hits**

# **Quick Hits Scorecard**

Status	Count
Identified	12
Research	3
In Process	0
Completed	0
Sub -Total	15
Dropped	7
Total	22

Type	Count
Automation	2
Policy	0
Procedure	5
Multiple	8
Total	15

# Appendices

# Appendix A: AFD Process Hierarchy

